Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

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\	Application Number	10/658965				
REQUEST FOR WITHDRAWAL	Filing Date	9/8/2003				
& AS ATTORNEY OR AGENT	First Named Inventor					
008 w AND CHANGE OF	Art Unit					
CERRESPONDENCE ADDRESS	Examiner Name					
3 7	Attorney Docket Number	FMI1.PAU.02				
S. D. D. A. A.						
o: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the abo	ove identified patent applicatio	n, and				
all the practitioners of record;						
the practitioners (with registration numbers) of record listed on the attached paper(s); or						
the practitioners of record associated with Customer Number:						
NOTE: The immediately preceding box should only Customer Number.	be marked when the practitio	ners were appointed using the listed				
The reason(s) for this request are those describe	d in 37 CFR:					
10.40(b)(1) 10.40(b)(2)	10.40(b)(3) 10.40(b)(4)				
10.40(c)(1)(i) 10.40(c)(1)(
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)				
10.40(c)(4) 10.40(c)(5)	10.40(c)(6) Please explain below:				
Client has elected new counsel.						
	Certifications					

practitioner(s) intend to withdraw from employment.

I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS								
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.								
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A. The address of the inventor or assignee associated with Customer Number:								
OR								
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I am authorized to sign on behalf of myself and all withdrawing practitioners.								
Signature	ature /Vic. Y. Lin/							
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Date	12/4/2008		Telep	Telephone No. 949-223-9600				
NOTE: Withdrawal is effective when approved rather than when received.								

[Page 2 of 2]

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